

# REQUEST FOR REFUND / ROLLOVER OF CONTRIBUTIONS



**NORFOLK EMPLOYEES' RETIREMENT SYSTEM**  
 810 Union Street, Suite 309, Norfolk, VA 23510  
 Phone: (757)664-4738  
 Email: [retirement@norfolk.gov](mailto:retirement@norfolk.gov)  
 Website: [www.norfolk.gov/retirement](http://www.norfolk.gov/retirement)

1. Social Security Number (Last 4 digits only)

XXX - XX -

2. Active History Number (Completed by Retirement Office Only)

## Part A. MEMBER INFORMATION (Please print)

3. Name (First, Middle, Last):		4. Date of Birth:	
5. Address (Street, City, State, Zip Code)		6. Are You a Virginia Resident? [ ] Yes [ ] No	
7. Your contribution refund is payable to you now. You have the option to receive your refund by direct deposit into the account of your choice, a 100% rollover to an IRS-permitted employer plan or IRA, or some combination of the two. You have a right to a period of at least 30 days to consider your decision. Please indicate your percentage elections in the blanks in Section 7a below:			
7a. Contributions to be Refunded and/or Rolled Over:  _____ % paid directly to me via direct deposit (less withholding taxes)  _____ % paid as a rollover (Complete Box 7b)  (Above total should equal 100%.)		7b. Financial Institution of Employer Plan or Individual Retirement Plan Receiving Rollover  _____ IRA Custodian/Employer Plan Trustee  _____ Address  _____ City / State / Zip  _____ Account Number Telephone Number  Type of plan receiving rollover (Choose one) [ ] IRA [ ] 401(a) (including 401(k)) [ ] 403(b) [ ] 457	

## Part B. MEMBER CERTIFICATION AND AUTHORIZATION:

I hereby certify that I have read and understand the information provided with this form, and I understand that: 1) if I elect to receive a lump sum payment directly to me, a 20% federal tax and (if I am a Virginia resident) a 4% state tax will be withheld from the taxable portion of my refund, and I may be subject to an additional 10% federal tax penalty; 2) If I do not elect within 30 days of receiving my refund options to have the distribution paid to an eligible retirement plan I specify or to receive the distribution directly, then the Retirement System will pay the distribution in a direct rollover to an individual retirement plan designated by the Retirement System if the distribution exceeds \$1,000 and I am under age 62, and otherwise will pay the distribution to me, net of withholding taxes; and 3) I have a right to a period of at least 30 days to consider my decision.

\_\_\_\_\_  
 Member Signature Daytime Telephone Number Date

TO BE COMPLETED BY NOTARY or by other Court Official authorized to take acknowledgements. This form is not valid unless properly notarized when required.

(Place photographically reproducible seal below)

State of \_\_\_\_\_

City / County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The individual whose name is signed to the foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in Part A of the said instrument are true.

\_\_\_\_\_  
 Commission Expiration Date

\_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 Registration No. (VA Notary only)